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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Nigeria

Proposed UNFPA assistance: $32.5 from regular resources

Programme period: 5 years (1997-2001)

Cycle of assistance: Fourth

Category per decision 96/15: A

Proposed assistance by core programme areas (in millions of $):

	Regular resources	*Total*
Reproductive health	24.0	24.0
Population & development strategies	6.5	6.5
Advocacy	2.0	2.0
Total	32.5	32.5

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NIGERIA

INDICATORS RELATED TO ICPD GOALS*

		Thresholds*
Births attended by health professional (%)[1]	37.0	≥60
Contraceptive prevalence rate (15-44) (%)[2]	6.0	≥55
Access to basic health services (%)[3]	66.0	≥60
Infant mortality rate (/1000)[4]	84.0	≤50
Maternal mortality rate (/100,000)[5]	800.0	≤100
Gross female enrolment rate at primary level (%)[6]	51.9	≥75
Adult female literacy rate(%)[7]	42.1	≥50

*** AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.**

[1] *WHO, Coverage of Maternal Care, 3rd ed., 1993. Data cover the period 1983-1993.*
[2] *United Nations Population Division, World Contraceptive Use 1994, ST/ESA/SER.A/143. Data cover the period 1986-1993.*
[3] *UNICEF, The State of the World's Children, 1995. Data cover the period 1985-1993.*
[4] *United Nations Population Division, World Population Prospects Database 1950-2050, 1994 Revision. Data are for 1992.*
[5] *UNICEF, The State of the World's Children 1995, which is based on data compiled by WHO. Data cover the period 1980-1992.*
[6] *United Nations Statistical Division, Women's Indicators and Statistics Database, Version 3 (CD-ROM), 1994, which is based on data compiled by UNESCO.*
[7] *UNESCO, Education for All - Status and Trends, 1994.*

Demographic Facts

Population (000) in 1995	111,721
Population in year 2000 (000)	128,786
Sex ratio (/100 females)	98.3
Per cent urban	39.3
Age distribution (%)	
Ages 0-14	45.5
Youth (15-24)	18.7
Ages 60+	4.5
Percentage of women aged 15-49	44.9
Median age (years)	17.2
Population density (/sq. km.)	121
Annual population growth rate (%)	2.8
Urban	4.8
Rural	1.5
Crude birth rate (/1000)	42.3
Crude death rate (/1000)	13.9
Net migration rate (/1000)	0.0
Total fertility rate (woman)	5.97
Life expectancy at birth (years)	
Males	50.8
Females	54.0
Both sexes	52.4
GNP per capita (U.S. dollars, 1994)	280

Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis (DESIPA) of the United Nations, World Population Prospects: the 1994 Revision; Annual population growth, including urban and rural data are from DESIPA, World Urbanization Prospects: the 1994 Revision. GNP per capita is from UNDP. Two dashes (--) indicate that data are not available.

1. The United Nations Population Fund (UNFPA) proposes to support a population programme over the period 1997-2001 to assist the Government of Nigeria in achieving its population and development objectives. UNFPA proposes to fund the programme in the amount of $32.5 million, would be programmed from UNFPA's regular resources, to the extent such resources are available, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources. This is UNFPA's fourth cycle of assistance to Nigeria.

2. The proposed programme was prepared in close collaboration with national authorities. It takes into account the Government's overall objectives for population and development, the findings and recommendations of the multisectoral programme review and strategy development (PRSD) exercise of September 1996, and the proposed programmes of UNDP and UNICEF and of the World Bank.

3. The programme will contribute to the achievement of broad national objectives as described in the country's population policy and other relevant policy documents. As a category "A" country under UNFPA's new approach for resource allocation, Nigeria requires a broad range of reproductive health interventions. Targeting five northern and seven southern states, the programme will focus on improving reproductive health, including family planning and sexual health, services as well as enhancing awareness of population, reproductive health and gender issues. At the federal level, the proposed programme will seek to increase national capacity for integrating population variables into development planning and to improve national coordination and management of population programmes. It will also focus on strengthening political commitment to population issues and on assisting the Government in advocating for the improved social and economic status of women.

4. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

Background

5. Nigeria's population of 111 million -- the largest in Africa and tenth largest in the world -- is expected to double within 25 years. Forty per cent of the population is located in urban areas, and the urban population is increasing at the rate of 4.8 per cent annually. Tremendous ethnic, cultural and religious diversity, as well as profound regional disparities, make national policy implementation unwieldy. To compound these difficulties, Nigeria has suffered political instability since its Independence in 1960. Declining oil revenues, a huge external debt burden and rising inflation have reduced the per capita gross national product (GNP) from $1,000 in 1980 to $280 in 1994 and has reduced the country's ability to invest in the health and educational sectors.

6. Nigeria faces many challenges in improving the reproductive health of its people. Only 37 per cent of deliveries are supervised. The maternal mortality rate is very high at 800 per 100,000 live births, and the infant mortality rate is 84 per 1,000. Women suffer from legal and cultural discrimination as evidenced by their low social status, high levels of illiteracy and school drop-out rates. Various sociocultural attitudes and practices have direct implications on the reproductive health of women and adolescents, including early marriage and the prevalence of female genital mutilation. The rates of unwanted pregnancies, unsafe abortion, sexually transmitted diseases (STDs) and complications arising from early child-bearing are high. At the same time, poverty, social attitudes and a lack of services limit the access of women and adolescents to effective reproductive health information and services. The contraceptive prevalence rate is quite low at 6 per cent.

7. The adoption of a national population policy in 1989 and the subsequent establishment of a population activities fund marked a significant shift in government thinking. Previously, Nigerian governments had had a pro-natalist policy and a laissez-faire approach to population, but the Government now recognizes the negative impact of rapid population growth on the pace of social and economic development. However, population variables are not as yet routinely integrated into the formulation of development policies.

Previous UNFPA assistance

8. Working within the context of the country's sociocultural realities and national socio-economic goals, the third UNFPA programme (1992-1996) aimed to decrease maternal and infant mortality and lower the population growth rate. It endeavoured to improve the status of women and encourage their full participation as equal partners in the country's development. Efforts were concentrated on improving primary maternal and child health and family planning (MCH/FP) services in rural areas, in part because other donors focused on urban areas. The Fund supported information, education and communication (IEC) campaigns for targeted groups. It also promoted basic operations research in order to develop effective and culturally-adapted population messages. UNFPA's efforts increased the participation of community-based and non-governmental organizations (NGOs) in project development, implementation and evaluation. Despite the severity of reproductive health indicators in the country's north, the Fund concentrated its efforts in the south, perceiving greater receptivity to reproductive health messages in that region.

9. Unfortunately, the programme was implemented during a period of protracted political and social unrest. This resulted in rapid turnover of key government officials, which in turn occasioned frequent and sudden changes in national policy direction. In spite of the obstacles, however, some definite achievements were recorded. Access to reproductive health services in the seven states where UNFPA had activities was improved. A prototype programme for meeting the reproductive health needs of young people was developed. The Fund helped strengthen the coordinating mechanisms and capacity of the Department of Community Development and Population Activities.

Major sociocultural research was conducted among the country's six largest ethno-cultural groups. UNFPA contributed to raising awareness on reproductive health and gender issues through a 39-part nationally televised social drama series and supported research on harmful traditional practices. Programme efforts also resulted in a modest increase in the use of modern contraceptives. Following the withdrawal of assistance from two major bilateral donors, UNFPA intervened to prevent a collapse in the availability and distribution of contraceptives.

10. During the previous programme cycle, the importance of decentralizing programme implementation to state and local levels became apparent. While decentralization demands intensive technical backstopping and close monitoring, it promotes the effective and sustainable utilization of human resources. Pockets of strong resistance to family planning and gender issues persist; these were not substantively addressed in the previous programme. UNFPA needs to work more closely with other United Nations agencies to support the advocacy and networking activities of local NGOs. The intensity of regional disparities regarding reproductive health and other socio-economic parameters between the north and the south must be taken into account in the selection of the focus states for assistance.

Other external assistance

11. In the past, Nigeria relied heavily on external assistance in order to implement its population programmes. Since 1994, however, several major bilateral donors have suspended their assistance. UNICEF and UNDP have included some reproductive health and Safe Motherhood components in their new country programmes, and the World Bank will continue to support a few health and population projects. The dearth of other external assistance increases the Government's reliance on UNFPA at a time when the Fund's own resources are inadequate to meet demand. For example, while the Fund will ensure an adequate supply of contraceptives in its 12 focal states under the proposed programme, the Nigerian population programme faces an imminent and potentially disastrous collapse in the supply and distribution of contraceptives unless sources in addition to UNFPA can be identified.

12. At the present time, UNFPA is the only predictable source of significant external population assistance and advice. This fact underscores the need for the Fund to increase its collaboration with other United Nations agencies and organizations as well as the importance of building a consensus for the use of domestic resources for population activities. In the meantime, UNFPA's unique position in the country means it can expect to continue the good working relationship that it has developed with the Government. UNFPA's broader post-ICPD mandate is much appreciated by governmental and other agencies. The local NGO community is favourably disposed towards working with the Fund.

Proposed programme

13. The proposed programme concentrates resources on implementing fully-integrated, multisectoral programmes in 12 states, covering one third of Nigeria's population. The selection of these states takes into account regional disparities in reproductive health and other socio-economic indicators, the active presence of collaborating United Nations agencies, and the availability and commitment of internal state funds for programme implementation. Interventions at the federal level will be those that can influence policy, mobilize domestic resources and strengthen programme coordination and the operational capacities of selected national institutions. National NGOs will be assisted to play a more significant role in programme execution.

14. Reproductive health. Key issues in the reproductive health sector include the limited availability and poor quality of reproductive health services, which leads to high maternal and infant mortality rates, inadequate adolescent outreach, and the limited use of modern contraceptives. The programme will focus on improving the quality and expanding the network of delivery points offering comprehensive reproductive health services from 170 to 650 in the 12 states chosen for UNFPA interventions. Expanding these services will make it possible to increase the proportion of supervised deliveries from 70 to 80 per cent in the seven southern states and from 14 to 30 per cent in the five northern states. This should help reduce maternal mortality by 10 to 15 per cent, depending on the states, as well as to increase the average contraceptive prevalence rate in the 12 states from 12 to 25 per cent. The programme will also seek to extend reproductive health services and information to 250,000 adolescents.

15. In order to accomplish these goals, the proposed programme will support upgrading physical facilities and will provide basic reproductive health equipment and commodities, including contraceptive. Some 80 per cent of service providers in those states will be trained in reproductive health case-management and counselling. The programme will help to strengthen referral systems by upgrading and improving services at primary health care delivery points and by improving communication and transportation between the different levels of the health care system.

16. IEC activities in support of reproductive health will shift from simply creating awareness to generating demand and promoting behavioural change. The results of sociocultural studies and surveys conducted under the last country programme will be used to develop appropriate messages and materials. Gender issues, including reproductive rights and the harmful effects of certain traditional practices, will be addressed through a coordinated multimedia approach and by using traditional and non-traditional channels of communication.

17. The programme is designed to extend reproductive health services and information to 250,000 adolescents. Physical facilities will be upgraded and basic reproductive health equipment and commodities, including contraceptives, will be provided in order to achieve this goal. Service

delivery points will be made more youth-friendly, and reproductive health services and counseling will be introduced into eight universities. In order to reach a greater number of young people, the programme will support the adaptation of population and family life education in schools to involve community-based and youth-serving NGOs, as well as parent-teacher associations. Community participation and awareness will be fostered. Baseline surveys, research and systematic data collection will be undertaken to provide information for developing indicators to monitor and evaluate reproductive health services in the 12 states.

18. Population and development strategies. Issues that need to be addressed include the lack of conceptual, methodological and operational capacity at the state and federal levels for integrating population factors into development planning. Gender issues are often not dealt with systematically, and programme coordination is weak. To respond to these realities, UNFPA will assist the Government in improving the management and coordination of Nigeria's population programme at both the federal and state levels. The Fund will work to increase utilization of population data for development planning at the state level and will enhance capacities for formulating and implementing gender policies and programmes at all levels.

19. UNFPA will support research and analysis on the interrelationships between population and development in four academic and research institutions. It will also help provide planning officials with the tools and practical skills necessary for integration of population and gender issues into all sectoral activities. UNFPA will assist the National Population Commission (NPC) to complete its analysis of the 1991 census and to prepare for the next one. The Fund will also help the NPC undertake a number of surveys and data collection exercises towards developing a population database. Additionally, the Fund will assist three universities in conducting short-term, in-service training for planning officials. The programme also seeks to develop the capacity of national population bodies through providing technical support, essential equipment and training.

20. Advocacy. Advocacy activities in the proposed programme will assist the Government in building support for addressing the country's population and reproductive health needs. Mobilizing key elements in government and civil society, building coalitions and networks, supporting the activities of significant organizations and promoting greater involvement of the media will constitute the main strategies in the area of advocacy. Through educating decision makers and media professionals, the programme will seek to increase support and commitment for population programmes at both the federal and state levels. It will also focus on increasing governmental support for policies and programmes designed to eliminate legal and sociocultural practices that discriminate against women.

21. Assistance will be provided to the Nigerian Institute for Policy and Strategic Studies, which trains civilian and military leaders, in order to incorporate population and development elements into its activities. The Fund will organize seminars for journalists and assist two journalism training

institutions to include population and development modules in their core activities. The Fund will work with the several well-established and respected national NGOs that are active in the population and gender fields in support of their advocacy roles and activities. It will also work with governmental departments such as the Ministry of Women and Social Development to promote women's equity and empowerment.

Implementation, monitoring, evaluation and coordination

22. The programme will be implemented by various governmental agencies, UNFPA, other United Nations agencies and national and international NGOs. Monitoring and evaluation will be carried out in accordance with standard UNFPA guidelines, which will include substantive annual project reports and review meetings by implementing agencies. A country programme management team comprising managers of UNFPA-supported activities and technical advisers will be established. The team will meet biannually to review plans, discuss progress and plan for the future. A mid-term country programme review will be conducted in 1999.

23. The Fund will provide on-site management support, technical and monitoring advice to those states implementing UNFPA-sponsored activities. It will also provide training in financial management for project personnel. With the consent of state governments, UNFPA will assign national experts to various projects. Periodic and substantive technical support as needed will continue to be provided by UNFPA's Country Support Team headquartered in Dakar, Senegal.

Recommendation

24. The Executive Director recommends that the Executive Board approve the proposed programme of assistance for Nigeria as presented, in the amount of $32.5 million over the period 1997-2001, to the extent such resources are available, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.